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**REQUEST FOR WITHDRAWAL
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| | |
|------------------------|------------|
| Application Number | 10/072,302 |
| Filing Date | 2/5/02 |
| First Named Inventor | Cao |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 5061.8a |

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
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